CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 1 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3 0

Do not use this space.

2075

File No.
Registered No. 21

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. Ward)
Registration District No. 148
Primary Registration District No. 2011

2. FULL NAME 125 Quintus R. Spicknall
(a) Residence, No. 3309 Harrison, Kansas City, Mo. Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Spicknall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21, 1885

7. AGE: Years 54 | Months 9 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellington, Kansas

FATHER
13. NAME William Spicknall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Ada Lawrence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Kansas City, Mo. DATE Jan. 29 1940

19. UNDERTAKER Mellody-McGilley Funeral Home, Inc.
(ADDRESS) Linwood Blvd. & Euclid, Kansas City, Mo.

20. FILED Jan 31, 1940 Mrs Ru McBride Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1940. 19

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to January 29, 1940, 19
I last saw him alive on January 29, 1940. Death is said to have occurred on the date stated above, at 4:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive and Coronary Arteriosclerotic Heart Disease with Myocardial damage and insufficiency	
Other contributory causes of importance: Cirrhosis of liver	

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? --- Date of injury ....., 19....
Where did injury occur? ---
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? --
If so, specify Unknown

(Signed) N. A. GERMAN, MD Clinical Director M. D.
(Address) Veterans Administration Facility Excelsior Springs, Mo.

[illegible] Health Office No. 8

District File Number .....

Date Filed 7/4/40